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CONNECTICUT SITING COUNCIL
INTERVENOR STATUS REQUEST FORM

Docket/Petition No. _____ Town/City _____

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

1. Manner in which petitioner claims to be substantially and specifically affected:

2. Manner and extent to which petitioner proposes to participate:

Copies of this request shall be mailed to all participants at least five days before the date of the hearing.

Signed _____ Date _____